DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

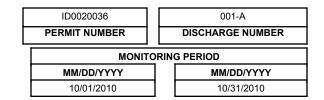
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	<u> </u>		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	6.2			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8	8		*****	2	2			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	*****	*****	71	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
H	SAMPLE MEASUREMENT	****	****	*****	6.5	****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	47	47		*****	12	12			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	252	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.15			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

GRANGEVILLE, CITY OF - GRANGEVILLE WWTP FACILITY:

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
141141/00/1111									

DMR Mailing ZIP CODE:

83530

MINOR

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	25.35			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.465	.895		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	10	24			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	95	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							

DMR Mailing ZIP CODE:

illing Zii GODE.

MINOR (SUBR 04)

External Outfall

THREEMILE CREEK

No Discharge

		QUA	NTITY OR LOADING			QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	6.5			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8	8		****	2	2			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	****	83	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pН	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.7			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	24	24		****	6	6			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	****	190	****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.18			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

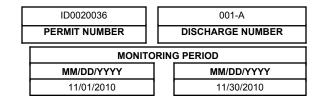
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

83530

MINOR

(SUBR 04)

THREEMILE CREEK External Outfall

No Discharge

		QUA	NTITY OR LOADING	•		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	****	*****	*****	****	9.42			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.47	.77		****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	8	35			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	97	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

GRANGEVILLE, CITY OF - GRANGEVILLE WWTP FACILITY:

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036		001-A							
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY		MM/DD/YYYY							

DMR Mailing ZIP CODE:

MINOR

(SUBR 04)

THREEMILE CREEK External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.7			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18	18		*****	3	3			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	87	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	****	*****	*****	6.8	****	7.5			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	54	54		****	9	9			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	220	****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	*****	.88			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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NAME: GRANGEVILLE, CITY OF
ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A									
PERMIT NUMBER	T NUMBER DISCHARGE NUMBER									
MONIT	MONITORING PERIOD									
	7									
MM/DD/YYYY	MM/DD/YYYY									

DMR Mailing ZIP CODE:

CODE: 83530

MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	8.57			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.726	1.87		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	54	219			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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ADDRESS: 225 WEST NORTH STREET

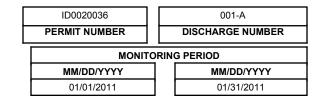
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

83530

MINOR

(SUBR 04)

THREEMILE CREEK
External Outfall

No Discharge

IO DISCHARGE

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	7.8			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12	12		****	3	3			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	****	94	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	****	****	*****	6.8	****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	16	16		****	4	4			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	174	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.35			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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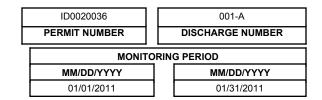
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

J ZIF CODE.

(SUBR 04)

MINOR

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	24.95			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.492	1.045		****	****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	9	19			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
02/01/2011	02/28/2011								

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	8.1			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8	8		*****	4	4			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	****	156	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
H	SAMPLE MEASUREMENT	*****	*****	*****	7.1	****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	23	23		****	12	12			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	156	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.17			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

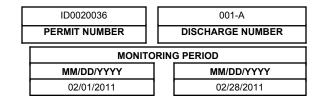
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

: 83530

MINOR

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	21.37			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.228	.495		****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	18	39			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	97	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	92	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF
ADDRESS: 225 WEST NORTH STREET

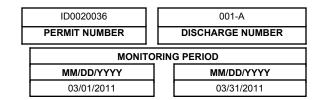
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

E: 83530

MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	_ NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.9			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20	20		*****	3	3			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	167	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
)H	SAMPLE MEASUREMENT	****	****	*****	6.8	****	7.4			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	93	93		*****	14	14			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	142	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.12			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

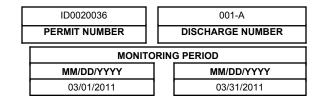
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

83530

MINOR

(SUBR 04)

THREEMILE CREEK
External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19.62			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.796	2.164		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	29	67			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	90	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

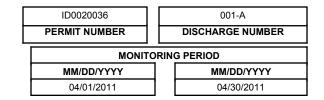
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

MINOR \$

83530

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.9			Weekdays	GRAB	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11	11		*****	2	2			Monthly	COMP-8	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	101	*****			Monthly	COMP-8	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
DH	SAMPLE MEASUREMENT	****	****	*****	6.9	****	7.3			Weekdays	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	32	32		*****	6	6			Monthly	COMP-8	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	182	*****			Monthly	COMP-8	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.34			Monthly	COMP-8	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

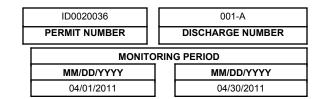
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

MINOR \$

83530

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.04			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.649	1.3		*****	****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	3	8			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	97	****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE:

. .

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	34	34		*****	4	4			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	130	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.4			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	161	161		*****	19	19			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	228	****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.31			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

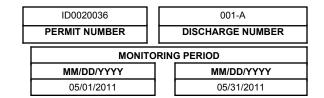
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

MINOR

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15.51			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.013	2.293		****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	15	41			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	97	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	92	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
06/01/2011	06/30/2011								

DMR Mailing ZIP CODE:

MINOR \$

83530

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO. FREQUENCY		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	7.2			Weekdays	GRAB	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	32	32		*****	5	5			Monthly	COMP-8	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8	
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	131	*****			Monthly	COMP-8	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
ΡΗ	SAMPLE MEASUREMENT	****	****	*****	7.1	****	7.8			Weekdays	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	116	116		*****	18	18			Monthly	COMP-8	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	232	*****			Monthly	COMP-8	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.93			Monthly	COMP-8	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

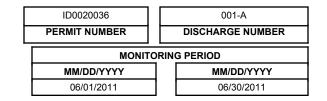
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

CODE: 83530

MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.51			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.773	3		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	21	45			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	92	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

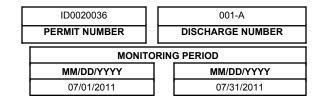
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

MINOR

(SUBR 04)

THREEMILE CREEK External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	6.1			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4	4		*****	2	2			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	181	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	****	7.8			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	39	39		*****	18	18			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	138	****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	24			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF
ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

ATTN: JEFF MCFREDERICK, DIRECTOR

GRANGEVILLE, ID 83530

DMR Mailing ZIP CODE:

.....g _... - - - - .

MINOR (SUBR 04)

THREEMILE CREEK
External Outfall

No Diochara

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	24.3			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	11	****		*****	5.13	*****			Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.49 MO AVG	*****	lb/d	*****	.067 MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.259	.832		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	117	219			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	87	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF
ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONIT	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
08/01/2011	08/31/2011									

DMR Mailing ZIP CODE:

83530

MINOR (SUBR 04)

SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO. FREQUENCY		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	6.2			Weekdays	GRAB	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB	
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6	6		*****	2	2			Monthly	COMP-8	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8	
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	****	60	*****			Monthly	COMP-8	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
DH .	SAMPLE MEASUREMENT	*****	*****	*****	7.3	****	7.8			Weekdays	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	66	66		****	21	21			Monthly	COMP-8	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	310	*****			Monthly	COMP-8	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	14			Monthly	COMP-8	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8	

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF
ADDRESS: 225 WEST NORTH STREET

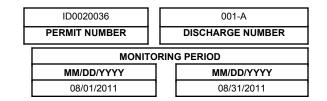
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

CODE:

MINOR

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	14.8			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	8.4	*****		*****	2.68	*****			Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.49 MO AVG	*****	lb/d	*****	.067 MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.378	.57		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	10	36			Six Per Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	93	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

L

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

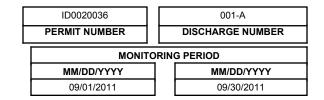
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

MINOR

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	*****	****	6			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11.7	11.7		*****	4	4			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	110	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	****	****	*****	7.4	****	8.2			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	40.9	40.9		*****	14	14			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	360	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	13.1			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF
ADDRESS: 225 WEST NORTH STREET

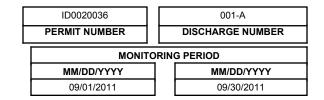
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

ig ZIP CODE:

MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15.25			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	8.1	*****		****	2.78	*****		1	Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.49 MO AVG	*****	lb/d	*****	.067 MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.35	.465		****	****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	****	****	5.6	17			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

certify under penalty of law that this document and all attachments were prepared under my direction or

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E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

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DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

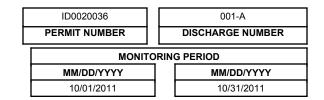
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

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THREEMILE CREEK

External Outfall

No Discharge

		QUA			QUALITY OR CON	CENTRATION	NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	42	42		*****	10	10			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	182	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	****	****	*****	7.1	****	8.4			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	29	29		*****	7	7			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	242	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	11.9			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

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DATE

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF
ADDRESS: 225 WEST NORTH STREET

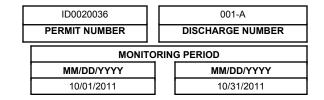
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

: 83530

MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE VALUE UNITS	EX	OF ANALYSIS	TYPE			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.999			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.498	.995		****	****	****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	94	435			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036		001-A
PERMIT NUMBER		DISCHARGE NUMBER
MONIT	ORING	PERIOD
MM/DD/YYYY] [MM/DD/YYYY
	- Т	11/30/2011

DMR Mailing ZIP CODE:

CODE:

MINOR

(SUBR 04)

THREEMILE CREEK
External Outfall

No Diocher

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	22	22		****	3	3			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	140	****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	****	****	*****	7.1	****	8.8			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	15	15		****	2	2			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	240	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.01			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

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83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF
ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE:

JE:

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MINOR (SUBR 04)

THREEMILE CREEK
External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	24.41			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.899	1.195		*****	*****	*****	****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	56	93			Six Per Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	98	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	99	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF
ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A							
PERMIT NUMBER	PERMIT NUMBER DISCHARGE NUMBER							
MONITORING PERIOD								
MONII	ORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							

DMR Mailing ZIP CODE:

83530

MINOR

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	;		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	7.7			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	31	31		*****	4	4			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	291	****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
H	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.9			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	46	46		*****	6	6			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	474	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	.16			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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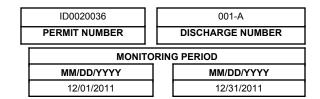
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

ZIP CODE:

MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25.36			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.926	1.1		****	****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	51	162			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	****	99	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONIT	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									

DMR Mailing ZIP CODE:

MINOR \$

83530

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.9			Weekdays	GRAB
0300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8	8		*****	2	2			Monthly	COMP-8
0310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	177	*****			Monthly	COMP-8
0310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Н	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.4			Weekdays	GRAB
0400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	80	80		*****	20	20			Monthly	COMP-8
0530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	190	*****			Monthly	COMP-8
0530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.16			Monthly	COMP-8
0610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036		001-A								
PERMIT NUMBER	PERMIT NUMBER DISCHARGE NUMBER									
MONIT	MONITORING PERIOD									
MM/DD/YYYY		MM/DD/YYYY								
01/01/2012	7 1	01/31/2012								

DMR Mailing ZIP CODE:

MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	21.16			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.479	.91		****	****	****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	****	27	67			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	****	99	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	89	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036							
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	ORING	G PERIOD					
MM/DD/YYYY		MM/DD/YYYY					
02/01/2012	7 1	02/29/2012					

DMR Mailing ZIP CODE:

.....g _.. 005_.

83530

MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION				NO. FREQUENCY		SAMPLE	
PARAMETER		VALUE	E VALUE UN	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	7.5			Weekdays	GRAB	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB	
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	10	10		****	3	3			Monthly	COMP-8	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8	
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	****	123	*****			Monthly	COMP-8	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
)H	SAMPLE MEASUREMENT	****	****	*****	6.9	****	7.6			Weekdays	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	13	13		****	4	4			Monthly	COMP-8	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	168	*****			Monthly	COMP-8	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.31			Monthly	COMP-8	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036							
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	ORING	G PERIOD					
MM/DD/YYYY		MM/DD/YYYY					
02/01/2012	7 1	02/29/2012					

DMR Mailing ZIP CODE:

P CODE:

.

MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	25.41			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.402	.824		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	7			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	98	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A				
PERMIT NUMBER DISCHARGE NUMBER					
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
03/01/2012	03/31/2012				

DMR Mailing ZIP CODE:

MINOR \$

83530

(SUBR 04)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO. FREQUENCY		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	7.6			Weekdays	GRAB	
0300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB	
OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	37	37		*****	3	3			Monthly	COMP-8	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	80	*****			Monthly	COMP-8	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
ρΗ	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	8.2			Weekdays	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	87	87		****	7	7			Monthly	COMP-8	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	78	*****			Monthly	COMP-8	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.15			Monthly	COMP-8	
0610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8	
NAME/TITLE PRINCIPAL EXECUTI	supervision in	accordance with a system desig	t and all attachments were prepar ned to assure that qualified person	nnel properly gather and		•	•		TEL	EPHONE	DATE	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

knowing violations.

evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for

TYPED OR PRINTED

NUMBER

AREA Code

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036		001-A				
PERMIT NUMBER		DISCHARGE NUMBER				
MONIT	ORIN	G PERIOD				
MM/DD/YYYY		MM/DD/YYYY				
	03/31/2012					

DMR Mailing ZIP CODE:

DE: 83530

MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUANTITY OR LOADING				QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	24.45			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.489	3.095		****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	6	16			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	****	96	****	****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITORING PERIOD									
	1 —								
MM/DD/YYYY	MM/DD/YYYY								

DMR Mailing ZIP CODE:

MINOR

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	<u> </u>		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	7.3			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	37	37		*****	4	4			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	128	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.9			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	46	46		*****	5	5			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	130	****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.24			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR		
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

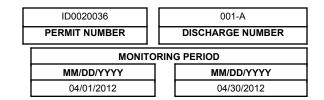
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

ing Eir GODE.

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	****	*****	*****	****	10.22			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.097	2.143		****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	32	91			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	****	97	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	96	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

GRANGEVILLE, CITY OF - GRANGEVILLE WWTP FACILITY:

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONIT	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
05/01/2012	05/31/2012									

DMR Mailing ZIP CODE:

MINOR

(SUBR 04)

THREEMILE CREEK External Outfall

No Discharge

		QUA	NTITY OR LOADING	;		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.2			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20	20		*****	4	4			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	*****	*****	120	****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****	7	****	8.2			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	15	15		****	3	3			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	186	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.16			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF
ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITORING PERIOD									
I MICHIT	JKING PEKIOD								
MM/DD/YYYY	MM/DD/YYYY								

DMR Mailing ZIP CODE:

J ZIF CODE.

MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.26			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.606	1.03		****	****	****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	7	17			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	97	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	****	****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

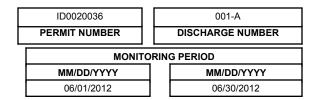
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

83530

MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	6.9			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15	15		*****	4	4			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	****	131	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.1	****	7.8			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8	8		****	2	2			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	66	****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.99			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

	3		TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
IIIOIIII	OIGHO I EIGIOD				
MM/DD/YYYY	MM/DD/YYYY				

DMR Mailing ZIP CODE:

MINOR

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.89			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.459	1.44		****	****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	17	33			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and walked to be information subtitude. Placed or my lamited if the opening are person who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				

DMR Mailing ZIP CODE:

MINOR

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	;	QUALITY OR CONCENTRATION				NO. FREQUEN		0, ==
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	5.6			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12	12		****	4	4			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	132	****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****	6.9	****	7.9			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	21	21		*****	7	7			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	178	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.62			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

certify under penalty of law that this document and all attachments were prepared under my direction or

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significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

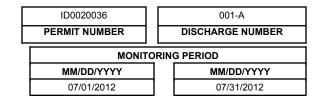
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

MINOR

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	28.12			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	12.6	*****		****	4.24	*****		2	Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.49 MO AVG	*****	lb/d	*****	.067 MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.356	.474		****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	****	****	21	77			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	97	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
08/01/2012	08/31/2012				

DMR Mailing ZIP CODE:

ODE:

MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	6.2			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	30	30		****	10.5	10.5			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	*****	*****	223	****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****	6.9	****	7.4			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	14	14		****	5	5			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	****	182	****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	.19			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/THEE PRINCIPAL EXECUTIVE OF HOER	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE:

DDE:

MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	26.2			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	12.3	*****		****	4.25	*****		2	Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.49 MO AVG	*****	lb/d	*****	.067 MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.382	.586		****	****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.04	.93		****	.012	.26		2	Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	****	8	26			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	95	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	97	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

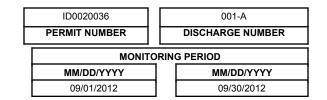
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

CODE.

(SUBR 04)

MINOR

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	5.8			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7	7		****	2	2			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	****	211	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	****	****	*****	6.9	****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	40	69		*****	12	21			Three Per Month	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	297	*****			Twice Per Month	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	.57			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

GRANGEVILLE, CITY OF - GRANGEVILLE WWTP FACILITY:

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	<u> </u>		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	25.8			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	11	*****		****	3.19	*****		2	Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.49 MO AVG	*****	lb/d	*****	.067 MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.403	.456		****	****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.2	2.36		****	.06	.67		2	Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	****	****	1	1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	99	****	*****			Monthly	CALCTD
31010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Monthly	CALCTD
31011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

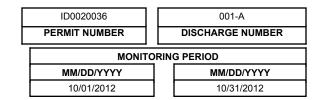
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

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MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	•		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	7	mg/L		Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	19	19	lb/d	****	5	5	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	*****	*****	210	****	mg/L		Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****	6.5	****	7.1	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	23	23	lb/d	****	6	6	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	****	265	****	mg/L		Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.28	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and valuable the information submitted. Resed on my inquirity of the person or persons who manage the	Russell Fleming	TELEP	HONE	DATE
	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)98	3-0820	11/13/2012
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF
ADDRESS: 225 WEST NORTH STREET

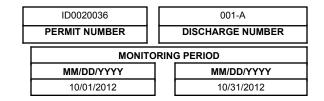
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

ilig Zii OODL.

MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	29.6	mg/L		Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.501	.76	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.083	.266	lb/d	*****	.02	.08	mg/L		5 Days Every Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	5	#/100mL		5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	98	****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Russell Fleming	TELEP	HONE	DATE
Superintendent	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)98	3-0820	11/13/2012
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE:

MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	*****	****	7.57	mg/L		5 Days Every Week	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	28	28	lb/d	*****	3.6	3.6	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	171	*****	mg/L		Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pН	SAMPLE MEASUREMENT	****	****	*****	6.5	****	7.1	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	108	108	lb/d	*****	14	14	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	224	*****	mg/L		Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	****	Req. Mon. MO AVG	****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.469	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)98	3-0820	12/05/2012
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The one exception for Chlorine, Total Residual is from a missed sample. Reference 24 hour notice of non-compliance letter sent regarding November 12, 2012.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF
ADDRESS: 225 WEST NORTH STREET

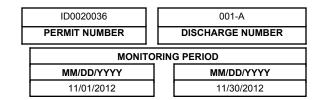
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

IF CODE.

MINOR

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	19.8	mg/L		Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.629	1.025	MGD	****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.097	.227	lb/d	*****	.02	.04	mg/L	1	5 Days Every Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	****	4	4	#/100mL		5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Russell Fleming	TELEP	DATE	
Superintendent	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)983-0820		12/05/2012
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The one exception for Chlorine, Total Residual is from a missed sample. Reference 24 hour notice of non-compliance letter sent regarding November 12, 2012.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

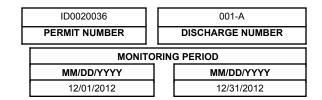
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

CODE.

MINOR

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	*****	****	7.74	mg/L		Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6	6	lb/d	*****	1	1	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	207	*****	mg/L		Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pН	SAMPLE MEASUREMENT	****	****	*****	6.6	****	7	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	17	17	lb/d	*****	3	3	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	302	*****	mg/L		Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	****	Req. Mon. MO AVG	****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0688	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and valuable the information submitted. Based on my inquirity of the person or persons who mapped the	Russell Fleming	TELEP	DATE	
	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)983-0820		01/04/2013
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

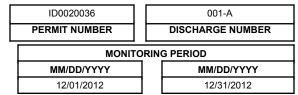
NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530



DMR Mailing ZIP CODE:

MINOR

(SUBR 04)

THREEMILE CREEK External Outfall

No Discharge

ATTN: JEFF MCFREDERICK, DIRECTOR OLIANTITY OR LOADING OUALITY OR CONCENTRATION NO EDECLIENCY CAMPLE

		QUA	NTITY OR LOADING	}		QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	****	*****	*****	****	12.86	mg/L		Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.519	1.025	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.12	.357	lb/d	*****	.03	.09	mg/L		5 Days Every Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	14	151	#/100mL		5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	99	****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and varieties the information submitted. Based on my inquirity of the prepar or prepares who manage the	Russell Fleming	TELEP	DATE	
Russell Fleming/ Wastewater	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)98	3-0820	01/04/2013
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

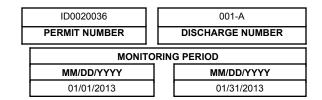
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

83530

MINOR

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.93	mg/L		Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11	11	lb/d	*****	3	3	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	*****	185	****	mg/L		Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	197	264	lb/d	*****	16	20	mg/L		Four Per Month	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	231	*****	mg/L		Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	****	****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0588	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Russell Fleming	TELEP	DATE	
Russell Fleming/ Wastewater Superintendent	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)98	3-0820	02/04/2013
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF
ADDRESS: 225 WEST NORTH STREET

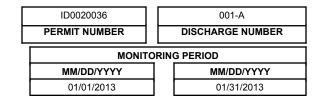
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

ilig ZIF CODE.

83530

MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	****	****	*****	*****	*****	18.96	mg/L		Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.703	2.019	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.09	.19	lb/d	*****	.02	.04	mg/L		5 Days Every Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	9.79	488.4	#/100mL		7 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	94	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and substitute to be information substituted. Placed on any liquidity of the proper or properly designed to the proper or properly the properly the proper or properly the properly th	Russell Fleming	TELEP	DATE	
Russell Fleming/ Wastewater	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)983-0820		02/04/2013
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

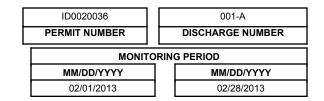
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

MINOR

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	9.52	mg/L		Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	22	22	lb/d	****	3	3	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	****	133	*****	mg/L		Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.44	*****	7.23	SU	1	Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	52	52	lb/d	****	7	7	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	130	*****	mg/L		Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	.131	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)98	3-0820	03/04/2013
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PH value dropped below 6.5 due to Phosphorus Filter Startup. Sample was taken 30 min later and found to be 6.89. Adjustment was needed on the Caustic dosage.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE:

g ZIF CODE.

MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	10.11	mg/L		Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.664	1.37	MGD	****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.055	.225	lb/d	*****	.01	.03	mg/L		5 Days Every Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.7	166	#/100mL		5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	95	****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Russell Fleming	TELEP	DATE	
Russell Fleming/ Wastewater Superintendent	evaluate the information submitted. Lased on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)98	3-0820	03/04/2013
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PH value dropped below 6.5 due to Phosphorus Filter Startup. Sample was taken 30 min later and found to be 6.89. Adjustment was needed on the Caustic dosage.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF
ADDRESS: 225 WEST NORTH STREET

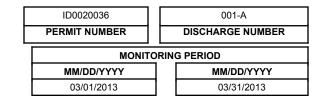
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

MINOR \$

83530

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	7.74	mg/L		Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	16	16	lb/d	****	3	3	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	115	*****	mg/L		Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pН	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.1	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	16	16	lb/d	****	3	3	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	101	*****	mg/L		Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.28	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Russell Fleming	TELEP	i-0820 04/02/2	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)98	3-0820	04/02/2013
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

There was a 24 Hour Notice of Non Compliance letter sent regarding the E-Coli Instantaneous maximum violation. The date of the letter was 3/20/2013. It was due to an overnight chlorine issue.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

Percent Removal

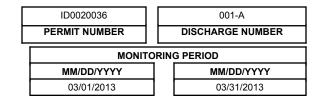
Percent Removal

81011 K 0

Solids, suspended percent removal

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



MN % RMV

97

85

MN % RMV

%

%

DMR Mailing ZIP CODE:

MINOR (SUBR 04)

External Outfall

THREEMILE CREEK

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	****	****	*****	*****	****	11.9	mg/L		Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.68	1.003	MGD	*****	****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.035	.084	lb/d	*****	.01	.01	mg/L		5 Days Every Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	10	2420	#/100mL	1	5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	****	%		Monthly	CALCTD
81010 K 0	PERMIT	*****	*****	*****	85	*****	*****	%		Monthly	CALCTD

	to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are	Russell Fleming	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)98	3-0820	04/02/2013
TYPED OR PRINTED	Knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

There was a 24 Hour Notice of Non Compliance letter sent regarding the E-Coli Instantaneous maximum violation. The date of the letter was 3/20/2013. It was due to an overnight chlorine issue.

Monthly

Monthly

CALCTD

CALCTD

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

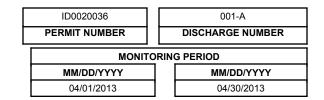
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

ilg ZIP CODE.

83530

MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	7.73	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11	11	lb/d	****	3	3	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	225	*****	mg/L		Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.75	*****	7.08	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	14	14	lb/d	****	4	4	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	170	*****	mg/L		Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	3.13	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Russell Fleming	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)98	3-0820	05/03/2013
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For E. Coli violations reference 24 Hour Noncompliance Letter written on 4-11-2013. This occurrence resulted in 2 consecutive days over the 576/100ml instantaneous maximum limit.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF
ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530 ATTN: JEFF MCFREDERICK, DIRECTOR

DMR Mailing ZIP CODE:

P CODE:

MINOR (SUBR 04)

THREEMILE CREEK
External Outfall

No Discharge

		QUA	NTITY OR LOADING	;		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	****	*****	*****	****	13.12	mg/L		Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.531	1.099	MGD	****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.059	.191	lb/d	*****	.015	.05	mg/L		5 Days Every Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.6	727	#/100mL	2	7 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are a significant penalities for submitting false information, including the possibility of fine and imprisonment for	Russell Fleming	TELEP	HONE	DATE
Russell Fleming/ Wastewater	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)983-0820		05/03/2013
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For E. Coli violations reference 24 Hour Noncompliance Letter written on 4-11-2013. This occurrence resulted in 2 consecutive days over the 576/100ml instantaneous maximum limit.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

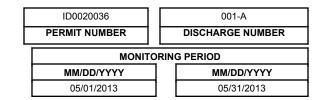
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

Ig ZIP CODE.

83530

MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.18	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3	3	lb/d	*****	1	1	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	*****	*****	199	****	mg/L		Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.65	*****	7.12	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	6	6	lb/d	*****	2	2	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	182	*****	mg/L		Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.22	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and valuable the information submitted. Based on my inquirity of the person or persons who mapped the	Russell Fleming	TELEP	HONE	DATE
	to the heat of my lynguiledge and helief true acquirete, and complete I am aware that there are		(208)98	3-0820	06/04/2013
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

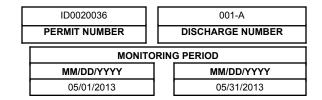
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

LIF CODE.

MINOR

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUANTITY OR LOADING				QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	18.12	mg/L		Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.49	1.023	MGD	****	****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.07	.171	lb/d	*****	.02	.04	mg/L		5 Days Every Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	****	****	2	49	#/100mL		5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	****	99	****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	99	****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

	to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are	Russell Fleming	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)983-0820		06/04/2013
TYPED OR PRINTED	Accoving violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MONITO	RING PERIOD							
MM/DD/YYYY	PRING PERIOD MM/DD/YYYY							

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION					FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	6.51			Weekdays	GRAB
0300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11.59	11.59		*****	2.79	2.79			Monthly	COMP-8
0310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	212	*****			Monthly	COMP-8
0310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Н	SAMPLE MEASUREMENT	****	****	*****	6.55	****	7.07			Weekdays	GRAB
0400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8.31	8.31		*****	2	2			Monthly	COMP-8
0530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	190	*****			Monthly	COMP-8
0530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.222			Monthly	COMP-8
0610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036		001-A							
PERMIT NUMBER		DISCHARGE NUMBER							
MONIT	MONITORING PERIOD								
MM/DD/YYYY] [MM/DD/YYYY							

DMR Mailing ZIP CODE:

E: 83530

MINOR (SUBR 04)

........................

THREEMILE CREEK
External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	****	*****	*****	****	17.9			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.579	1.654		****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.082	.21		*****	.017	.05			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.51	81.3			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98.7	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	98.9	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

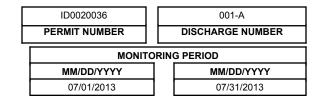
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

CODE.

MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO. FREQUENCY		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.46			Weekdays	GRAB	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6.17	6.17		*****	1.36	1.36			Monthly	COMP-8	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	150	*****			Monthly	COMP-8	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
H	SAMPLE MEASUREMENT	*****	*****	*****	6.52	*****	7.03			Weekdays	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	23.1	23.1		****	5	5			Monthly	COMP-8	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	231	*****			Monthly	COMP-8	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0567			Monthly	COMP-8	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8	

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF
ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK. DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE:

ZIF CODE.

MINOR

(SUBR 04)

THREEMILE CREEK
External Outfall

No Discharge

QUANTITY OR LOADING QUALITY OR CONCENTRATION FREQUENCY SAMPLE NO. OF ANALYSIS EX **TYPE PARAMETER** VALUE VALUE UNITS VALUE VALUE VALUE UNITS SAMPLE ***** ***** ***** ***** ***** 31.2 COMP-8 Nitrogen, inorganic total Monthly MEASUREMENT PERMIT ***** ***** ***** ***** ***** COMP-8 00640 1 0 Reg. Mon. mq/L Monthly REQUIREMENT **Effluent Gross** MO MAX ***** SAMPLE NODI 9 ***** ***** NODI 9 Phosphorus, total [as P] MEASUREMENT PERMIT ***** lb/d ***** ***** COMP-8 00665 1 0 .49 .067 Monthly mg/L REQUIREMENT MO AVG Effluent Gross MO AVG ***** ***** Flow, in conduit or thru treatment plant SAMPLE .542 ***** ***** **RCORDR** .609 Daily MEASUREMENT ***** ***** ***** 50050 1 0 PERMIT Rea. Mon. Rea. Mon. MGD Continuous **RCORDR** REQUIREMENT Effluent Gross MO AVG DAILY MX ***** Chlorine, total residual SAMPLE .113 .254 .025 .05 Weekdays **GRAB** MEASUREMENT PERMIT ***** 50060 1 0 .066 .13 lb/d .007 .018 mg/L 5 Days Every **GRAB** REQUIREMENT Effluent Gross MO AVG DAILY MX MO AVG DAILY MX Week ***** ***** E. coli SAMPLE ***** ***** 2.99 18.7 **GRAB** 5 Times Every **MEASUREMENT** Month ***** ***** ***** ***** #/100mL **GRAB** 51040 1 0 126 576 5 Times Every REQUIREMENT Effluent Gross MO GEO INST MAX Month SAMPLE ***** ***** ***** ***** ***** CALCTD BOD, 5-day, percent removal 99.1 Monthly MEASUREMENT PERMIT ***** ***** ***** 85 ***** ***** % **CALCTD** 81010 K 0 Monthly REQUIREMENT MN % RMV Percent Removal SAMPLE ***** ***** ***** 97.8 ***** ***** CALCTD Solids, suspended percent removal Monthly **MEASUREMENT** PERMIT ***** ***** ***** ***** ***** % 81011 K 0 85 Monthly **CALCTD** REQUIREMENT Percent Removal MN % RMV

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

	•
COMMENTS AND EXPLANATION OF ANY VIOLATIONS	(Reference all attachments here)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF
ADDRESS: 225 WEST NORTH STREET

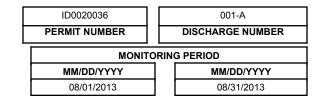
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

MINOR \$

83530

(SUBR 04)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

THREEMILE CREEK

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	<u> </u>	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	6.79			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6.39	6.39		****	1.6	1.6			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	104	****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Н	SAMPLE MEASUREMENT	****	****	*****	6.58	****	7.16			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	65.9	65.9		*****	16.5	16.5			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	202	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	0			Monthly	COMP-8
00610 1 0	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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TYPED OR PRINTED

NUMBER

AREA Code

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF
ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A			
PERMIT NUMBER DISCHARGE NUMBER				
MONIT	ORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			

DMR Mailing ZIP CODE:

83530

MINOR

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	****	****	*****	****	28.9			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.033	*****		****	.01	*****			Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.49 MO AVG	*****	lb/d	*****	.067 MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.564	1.01		****	****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	****	****	*****	****	4.34	27.5			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98.5	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91.8	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE:

...9 _...

83530

MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION				NO. FREQUENCY		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.64			Weekdays	GRAB	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.16	1.16		*****	.32	.32			Monthly	COMP-8	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	327	*****			Monthly	COMP-8	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
H	SAMPLE MEASUREMENT	****	****	*****	7.06	****	7.55			Weekdays	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	29	29		*****	8	8			Monthly	COMP-8	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	205	*****			Monthly	COMP-8	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.227			Monthly	COMP-8	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8	

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

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83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

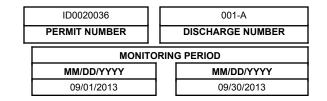
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

. .

MINOR \$

(SUBR 04)

THREEMILE CREEK
External Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	****	*****	*****	****	29.5			Monthly	COMP-8	
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8	
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.662	*****		****	.183	*****		2	Monthly	COMP-8	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.49 MO AVG	*****	lb/d	*****	.067 MO AVG	*****	mg/L		Monthly	COMP-8	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.534	1.482		****	*****	*****	*****		Continuous	RCORDR	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR	
Chlorine, total residual	SAMPLE MEASUREMENT	< .45	< .45		*****	< .1	< .1			Weekdays	GRAB	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB	
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	****	6.44	49.5			5 Times Every Month	GRAB	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB	
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99.9	*****	*****			Monthly	CALCTD	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD	
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	96.1	****	*****			Monthly	CALCTD	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD	

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

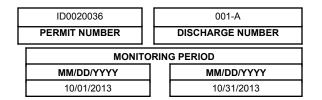
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

E: 83530

MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	6.98			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	41.1	41.1		*****	14	14			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	366	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
ρΗ	SAMPLE MEASUREMENT	*****	*****	*****	6.74	*****	7.13			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	10.1	10.1		*****	3.45	3.45			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	178	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.059			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY								
10/01/2013	10/31/2013								

DMR Mailing ZIP CODE:

ilg ZiF CODE.

MINOR

(SUBR 04)

THREEMILE CREEK
External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	25.1			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.369	.655		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	< .308	< .546		*****	< .1	< .1			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	30.5	56.5			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	98.1	****	****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96.2	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF
ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY								
11/01/2013	11/30/2013								

DMR Mailing ZIP CODE:

D (

MINOR \$

(SUBR 04) THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	;	QUALITY OR CONCENTRATION				⊥ NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	****	*****	6.84			Weekdays	GRAB	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6	6		*****	2.01	2.01			Monthly	COMP-8	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	230	****			Monthly	COMP-8	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
H	SAMPLE MEASUREMENT	****	*****	*****	6.83	*****	7.13			Weekdays	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	7.46	7.46		*****	2.5	2.5			Monthly	COMP-8	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8	
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	224	****			Monthly	COMP-8	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.07			Monthly	COMP-8	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8	

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

GRANGEVILLE, CITY OF - GRANGEVILLE WWTP FACILITY:

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
	7							
MM/DD/YYYY	MM/DD/YYYY							

DMR Mailing ZIP CODE:

83530

MINOR

(SUBR 04)

THREEMILE CREEK External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	1	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	****	*****	*****	****	*****	22.8			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.349	.631		****	****	*****	****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	< .291	< .526		*****	< .1	< .1			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	****	98.9	388			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98.9	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	99.1	****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	Allowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

GRANGEVILLE, CITY OF - GRANGEVILLE WWTP FACILITY:

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036										
PERMIT NUMBER	DISCHARGE NUMBER									
MONIT	MONITORING PERIOD									
MM/DD/YYYY		MM/DD/YYYY								
12/01/2013		12/31/2013								

DMR Mailing ZIP CODE:

MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	7.07			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.35	1.35		*****	.53	.53			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	*****	*****	129	****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	****	*****	7.01	****	7.65			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	24.2	24.2		*****	9.5	9.5			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	196	****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	1.08			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF
ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY								

DMR Mailing ZIP CODE:

83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	****	****	*****	*****	****	7.17			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.463	.999		****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	< .386	< .834		*****	< .1	< .1			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	25.2	116				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	****	99.6	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	95.2	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF
ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

DMR Mailing ZIP CODE:

83530

MINOR

(SUBR 04)

THREEMILE CREEK
External Outfall

No Discharge

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. **FREQUENCY** SAMPLE OF ANALYSIS EX TYPE **PARAMETER** VALUE VALUE VALUE UNITS VALUE UNITS VALUE Oxygen, dissolved [DO] SAMPLE ***** ***** ***** ***** ***** 7.09 **GRAB** Weekdays MEASUREMENT ***** ***** PERMIT ***** ***** ***** 00300 1 0 Reg. Mon. mq/L Monthly **GRAB** REQUIREMENT **Effluent Gross** MO MIN BOD, 5-day, 20 deg. C SAMPLE 18.4 18.4 ***** 6.91 COMP-8 6.91 Monthly MEASUREMENT PERMIT 220 lb/d ***** 30 45 COMP-8 00310 1 0 330 mg/L Monthly REQUIREMENT MO AVG WKLY AVG MO AVG WKLY AVG Effluent Gross ***** ***** ***** BOD, 5-day, 20 deq. C SAMPLE ***** 263 COMP-8 Monthly MEASUREMENT ***** ***** ***** ***** ***** 00310 G 0 PERMIT Rea. Mon. mg/L Monthly COMP-8 REQUIREMENT Raw Sewage Influent MO AVG ***** ***** ***** ***** SAMPLE 6.8 **GRAB** 7.34 Weekdays MEASUREMENT PERMIT ***** ***** ***** ***** SU 00400 1 0 6.5 9 Weekly **GRAB** REQUIREMENT **INST MAX** Effluent Gross **INST MIN** Solids, total suspended SAMPLE 18.6 18.6 ***** 7 Monthly COMP-8 **MEASUREMENT** ***** PERMIT lb/d 30 COMP-8 00530 1 0 220 330 45 mg/L Monthly REQUIREMENT Effluent Gross MO AVG WKLY AVG MO AVG WKLY AVG ***** ***** ***** SAMPLE ***** 253 COMP-8 Solids, total suspended Monthly MEASUREMENT PERMIT ***** ***** ***** ***** ***** COMP-8 00530 G 0 Rea. Mon. mg/L Monthly REQUIREMENT Raw Sewage Influent MO AVG SAMPLE ***** ***** ***** ***** ***** .658 COMP-8 Nitrogen, ammonia total [as N] Monthly **MEASUREMENT** PERMIT ***** ***** ***** ***** ***** COMP-8 00610 1 0 Req. Mon. mg/L Monthly REQUIREMENT Effluent Gross MO MAX

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for transfer in the submitted lines.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR		·	
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

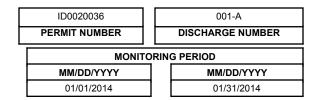
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR



DMR Mailing ZIP CODE:

DDE:

MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	9.91			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.361	.596		*****	****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	< .301	< .497		*****	< .1	< .1			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	54	153			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	97.4	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	97.2	****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONIT	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
02/01/2014	02/28/2014									

DMR Mailing ZIP CODE:

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MINOR (SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Dxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.28			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12.5	12.5		*****	3.88	3.88			Monthly	COMP-8
0310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	194	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Н	SAMPLE MEASUREMENT	*****	*****	*****	6.72	*****	7.8			Weekdays	GRAB
0400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	27.4	27.4		*****	8.5	8.5			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	165	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.053			Monthly	COMP-8
0610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83530

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF ADDRESS: 225 WEST NORTH STREET

GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD

GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONIT	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
02/01/2014	02/28/2014									

DMR Mailing ZIP CODE:

MINOR

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, inorganic total	SAMPLE MEASUREMENT	****	*****	*****	*****	****	21.3			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.865	4.972		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	< .721	< 4.15		*****	< .1	< .1			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.6	35.9			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	98	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	94.8	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)